Exhibit A

1 UNITED STATES DISTRICT COURT 2 3 FOR THE NORTHERN DISTRICT OF CALIFORNIA, SAN FRANCISCO DIVISION 4 Case No. 24-MD-3101-JSC IN RE: BABY FOOD PRODUCTS 5 LIABILITY LITIGATION MDL 3101 6 7 PLAINTIFF'S SHORT FORM This document relates to: **FACT SHEET** 8 ALL ACTIONS 9 10 11 "You" refers to the person completing this Plaintiff Fact Sheet. 12 "Plaintiff" refers to the minor plaintiff bringing suit. 13 "Plaintiffs' Parents" refers to the biological parent(s) or adoptive parent(s) of Plaintiff. 14 "Guardian ad litem" refers to the court-designated representative of Plaintiff. 15 "ASD" refers to Autism Spectrum Disorder. 16 "ADHD" refers to Attention-Deficit Hyperactivity Disorder. 17 Please provide an answer for each question and do not leave any answer space blank. If 18 you do not know or cannot recall information required to answer a question, please specifically state either "Do not know" or "Cannot recall" in the response. If a question is not applicable to you, please specifically state that it "Does not apply." 19

20

21

22

23

24

25

26

27

28

Autism Spectrum Disorder	on relatin	Docket N	Jo.:
Case Name:	on relatin	ng to Plaintiff: Date of birth:	
2. Provide the following information Name: Parents or Guardians: Current Address: Previous Addresses (since birth): 3. What is the injury/condition you Injury/Condition Yes Autism Spectrum Disorder	on relatin	ng to Plaintiff: Date of birth:	
Name: Parents or Guardians: Current Address: Previous Addresses (since birth): 3. What is the injury/condition you Injury/Condition Ye Autism Spectrum Disorder	ı are clai	Date of birth:	
Name: Parents or Guardians: Current Address: Previous Addresses (since birth): 3. What is the injury/condition you Injury/Condition Ye Autism Spectrum Disorder	ı are clai	Date of birth:	
Parents or Guardians: Current Address: Previous Addresses (since birth): 3. What is the injury/condition you Injury/Condition Ye Autism Spectrum Disorder	ı are clai		
Current Address: Previous Addresses (since birth): 3. What is the injury/condition you Injury/Condition Ye Autism Spectrum Disorder	ı are clai		
Previous Addresses (since birth): 3. What is the injury/condition you Injury/Condition Ye Autism Spectrum Disorder	ı are clai		
3. What is the injury/condition you Injury/Condition Ye Autism Spectrum Disorder	ı are clai		
Injury/Condition Ye Autism Spectrum Disorder		:	
Injury/Condition Ye Autism Spectrum Disorder		mina	
Autism Spectrum Disorder		ınıng	
-	es/No	Date of Diagnosis	
ADIID			
ADHD			
Other			
4. Identify by brand and type all contends caused or contributed below chart as needed or, altern baby food brands on a separatel	to his/hei atively, y	r injury. Please ac you can provide the ed appendix to thi	dd additional rows to the names of additional
Baby Food Brand		(e.g., Bananas (jars), Strawberry (pouch), etc.)	

	Case 3:24-md-03101-JSC	Document 308-1 Filed 01/06/25 Page 4 01 4
1		Signature of Plaintiff :
2		Date:
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
6		
17		
18		
19		
20		
21		
22		
23		
24		
25		
26		
27		
28		